

31 MAR 2006

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560572

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 36 | | | | | | | 86 | | | | | | |
| 37 | | | | | | | 87 | | | | | | |
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| 39 | | | | | | | 89 | | | | | | |
| 40 | | | | | | | 90 | | | | | | |
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| 42 | | | | | | | 92 | | | | | | |
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| TOTAL IND. | 2 | ↓ | 2 | ↓ | | ↓ | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 11 | ← | 11 | ← | | ← | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | 13 | | 13 | | | | TOTAL CLAIMS | | | | | | |